EF-19-C-R01-0522-14000380-1

## BOE-19-C (P1) REV. 01 (05-22) CERTIFICATION OF VALUE BY ASSESSOR FOR BASE YEAR VALUE TRANSFER



## **County of Inyo** Dave Stottlemyre, Assessor

PO Box J Independence, CA 93526 760 878-0302 Phone inyoassessor@inyocounty.us

County Assessor						
Address						
City, State, Zip	Replacement Residence APN					
Section 2.1(b) of article XIII	A of the California Constitution, implemented by Revenue and Taxat					

City, State, Zip										
Section 2.1(b) of article XIII A of the California least age 55 or severely and permanently disa residence to a replacement primary residence residence has been filed with the	bled or a vict located anv	tim of a wildf where in Cal	fire or na lifornia. <i>i</i>	atural di An appl	saster to tra	ansfer t a base	heir base vear valu	year ver	value from an original primary sfer to a replacement primary	
original primary residence located in	C	county, we ar	re reque	sting th	e following	informa	ition from	your c	office.	
Please complete Section B of this form and ret	urn it to our o	office at the	address	above.						
A. ORIGINAL PRIMARY RESIDENCE (INF	ORMATION	THAT WAS	S PROV	IDED T	O THE AS	SESS	OR BY TH	HE CL	_AIMANT)	
Applicant Name: App					plication Date:					
Situs Address of Property Sold:				City:						
County:				Assessor's Parcel/ID Number:						
Sale Price:				Date of Sale:						
B. REQUESTED INFORMATION										
Confirmation of Sale Price:				Confirmation of Date of Sale:						
Recorder's Document Number:			D	Date of Recording:						
otal Property FBYV (prior to sale): \$			R	Roll Year (year-year):						
Total Land FBYV: \$	Land Base Y	and Base Year: Total Improvement FBYV:						Ir	mp Base Year:	
Fair Market Value at Time of Sale:							Multi	iple Bas	e Year (attach explanation)	
Total Land Value: \$					otal Improvement Value: \$					
Vas entire property used as a primary residence? Yes No					operty description, if other than primary residence:					
in the, i this allocated to primary recidence.	Land FMV				Improvement FMV \$					
Was the property eligible for exemption? Yes	NoIf	f no, the receiv	ing county	y must re	equest proof o	of resider	ncy from the	e claima	ant.	
Did the applicant's name appear as an assessee imme	diately prior to	the above-refe	renced tra	ansfer?	Yes [	No				
For this applicant, has your county previously granted a	base year val	ue transfer for	age or dis	sability p	ursuant to Se	ction 2.1	article XIII	A (Prop	19)?	
Yes No If yes, what is the date of e.	xclusion?									
PRINCIPAL RESIDENCE SUBSTANTIALLY DAN	IAGED/DESTR	ROYED BY DIS	SASTER F	OR WHI	CH THE GOV	VERNOR	DECLAR	ED A ST	TATE OF EMERGENCY	
Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No					Type of disaster (if applicable): Was the property sold in its damaged state? Yes No					
Fair Market Value immediately prior to disaster:	Factored Base Year Value (prior to disas: \$				aster): Roll Year (year-year):					
Land Factored Base Year Value (prior to disaster): \$								ster): \$		
Was the property eligible for exemption?	No	If no, the recei	iving coun	ity must i	equest proof	of reside	ency from th	ne claim	pant.	
Did the applicant's name appear as an assessee imme	ediately prior to	the above-refe	erenced tr	ansfer?	Yes [	No	١			
Name of Contact:	CERTIFIC	CATION OF	VALUE							
				Email	Address:					
County Assessor's Office:				Phone	Phone Number:					
	CERTIFIC	ATION OF	VALUE	REQU	ESTED B	Y:				
Name of Contact:		Email Addr			<b>-</b>		Phone Nun	nber:		